

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*10/552965*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		/			
5	3		/			
6	0		/			
7	0		/			
8	0		/			
9	/		/			
10	/		/			
11	2		/			
12	1		/			
13	0		/			
14	0		/			
15	8		/			
16	8		/			
17	0		/			
18	0		/			
19	0		/			
20	0		/			
21	0		/			
22	0		/			
23	0		/			
24	0		/			
25	0		/			
26	0		/			
27	0		/			
28	0		/			
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33	0		/			
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40	0		/			
41	0		/			
42	0		/			
43	0		/			
44	0		/			
45	0		/			
46	/		/			
47	/		/			
48	0		/			
49	0		/			
50	0		/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		/		
52		0		/		
53		0		/		
54		1				
55		1				
56		1				
57		1				
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96						
97						
98						
99						
100						
TOTAL IND.	1	↓		5	↓	
TOTAL DEP.	55	←		49	←	
TOTAL CLAIMS	69			53		